



City of Leavenworth
PUBLIC WORKS DEPARTMENT

STORMWATER FEE REDUCTION APPLICATION

This application must be filled out legibly, in blue or black ink, either hand printed or typewritten

APPLICANT:

Last Name(Business Name)_____ First Name:_____

Business Name:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Property Information:

Physical Address:_____

Assessor's Tax Parcel Number of Property:_____

Subdivision Name:_____ Block:_____ Lot:_____

Date of on-site stormwater facility installation: _____

(Stormwater facilities installed prior to 2010 shall require additional consideration for credit)

Property Owner:

Last Name:_____ First Name:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

